| Change of Address AUSTINI, TX 78701 Date Hand-delivited or Date Postmerked CAMPAIGN TREASURER NAME NICKNAME NIC | JUDICIAL C CAMPAIGN | ANDIDATE / OFFICEHOL FINANCE REPORT | LDER 4711 | FORM JC/OH COVER SHEET PG 1 |
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| OFFICE USE DBLY NAME NAME NAME NICKNAME CANDIDATE / OFFICE HOLDER ADDRESS /POBOX. APT/SUITE #. CITY. STATE. 22P CODE ADDRESS CHAMPOR OF Address AUSTIN. TX 78701 CAMPAIGN TREASURER NAME NICHNAME STREET ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER ADDRESS (NO POBOX PLEASE). APT-BUTE #. CITY. STATE. 22P CODE TREASURER AD | The JC/OH INSTRUCTION (| Gune explains how to complete this form. | | 2 Total pages filed: |
| 4 CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (NO POBOX PEASE): APTIMITE: CITY: STATE: ZP CODE CAMPAIGN TREASURER NAME NICRNAME STREET ADDRESS (NO POBOX PEASE): APTIMITE: CITY: STATE STATE ZP CODE | OFFICEHOLDER | N. Grav | 11 | |
| TREASURER NAME NICKNAME | OFFICEHOLDER ADDRESS Change of Addres | B12 San Antonic | STATE: ZIP CODE), SWILL 318 | Date Hand-detfvered or Date Postmarked |
| STREET ADDRESS (NO PO BOX PLEASE): APT_JUTE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (NO PO BOX PLEASE): APT_JUTE #: CITY: STATE: ZIP CODE 1300 LVD LOW TEVRA CI, AVSTIN , TX 18723 7 CAMPAIGN TREASURER PHONE (5/2) 452 · 6047 8 REPORT TYPE January 15 | TREASURER | Melissa | A | Receipt # Amount Date Processed |
| TREASURER PHONE (512) 452.6047 January 15 | TREASURER ADDRESS | | SIAIE, | ZIP CODE |
| July 15 Sith day affer campaign resaurer approximent (officeholder only) PERIOD COVERED Month Day Year O9/29/2000 THROUGH O / 28/2000 O ELECTION DATE LECTION TYPE U/D7/2000 Primary Runoff Runoff Special Special Special OFFICE OFFICE HELD (if any) Primary Runoff Candidates are required to disclose this Information only if they receive notification of the direct campaign expenditures. Address /PO Box; Apt / Suite #: City: State: Zip Code Address / Zip Code Zign Zip Code Zip | TREASURER PHONE | (512) 452.6047 | | |
| COVERED OP/29/2000 THROUGH OP/29/2000 ELECTION DATE Month Day Year OFFICE OFFICE OFFICE OFFICE HELD (# any) Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. EXPENDITURE BY OTHER INDIVIDUALS Address/PO Box; Apt./ Suite #; City; State, Zip Code | PERIOD | July 15 Bth day before election | | appointment (officeholder only) |
| Month Day Year Candidates are required to disclose this Information only if they receive notification of the direct campaign expenditures. Address/PO Box; Apt./Suite#; City; State; Zip Code Month Day Year Candidates Special | COVERED | 09/29 /2000 THROUG | ~u | |
| DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Name Address/PO Box; Apt./Suite#; City; State; Zip Code | | Month Day Year | r | General Special |
| Name Address / PO Box; Apt. / Suite #; City; State; Zip Code additional pages | | | Judge, Travis | Co. Ct. at law #5 |
| additional pages | EXPENDITURE BY OTHER | Name | penditures made by others without a only if they receive notification of | the candidate's prior consent or approval. I the direct campaign expenditure. •• |
| GO TO PAGE 2 | additional pages | Sure, Lipt | Code | |
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O.Box 12070

FORM JC/OH COVER SHEET PG 2

| | | | COVER SHEET PG |
|--------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 14 C/OH NAME | Grant G | oodwin | 15 ACCOUNT # (Ethics Commission filers |
| 16 SUPPORTING POLITICAL COMMITTEE(S) | " This listing incli | udes political expenditures by political committees to support the car de without the candidate's or officeholder's knowledge or consent. Can ion only if they receive notice of such expenditures. | ndidate / officeholder. These expenditures ididates and officeholders are required to |
| | СОММІТТЕЕ ТУРЕ | COMMITTEE NAME WA | |
| | GENERAL | COMMITTEE ADDRESS | |
| | SPECIFIC | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| addflonal pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 7 CONTRIBUTION TOTALS | 1. TOTAL P | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN | |
| | <u> </u> | S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS | 95- |
| EVENE | (OTHER | THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4262 |
| EXPENDITURE TOTALS | 3. TOTAL PO | OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ | FD \$ |
| | 4. TOTAL F | POLITICAL EXPENDITURES | |
| CONTRIBUTION | 5. TOTAL BO | | \$ 5923.28 |
| BALANCE | | LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA | * \$ 511001 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PR LAST DAY | INCIPAL ÁMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD | 5/17.7/ |
| AFFIDAVIT | | | \$ 11,500.00 |



DIANE M. THOMAS MY COMMISSION EXPIRES March 31, 2002

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gland Gro

of Critical, 20 60, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

| The Instruction Guide explains how to complete this form. | | 1 Total pages So | hedule A(J): |
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| 2 FILER NAME | | 10 | -6 |
| N. Grant Goodwin | | 3 ACCOUNT# (| Ethics Commission filers) |
| 4 Date 5 Full name of contributor | | | , |
| 1 A A 1 | Out-of-state PAC | 7 Amount of | 8 In-kind contribution |
| Wis Jay brumme | [] | contribution (\$) | 8 In-kind contribution description(if applicab |
| 6 Contributor address; City; State: 7th Co. | | | 1 |
| 10.10.00 6 Contributor address; City; State; Zip Cool 7604 Fire Oak Dr. | 10 | 1 100 | |
| | | | 1 |
| Contributor's principal occupation Veal State | | | 1 |
| - real estate | 10 Contributor's | job title | <u> </u> |
| 1 Contributor's employer/law firm | 40 | | |
| 3 If consider the | 12 Law firm of co | ontributor's spouse (if a | пу) |
| 3 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date | | | |
| name of contributor | Out-of-state PAC | America | |
| I Way 13 Ken Manual Dag | | Amount of contribution (\$) | In-kind contribution description(if applicable |
| 0.7.00 Contributor address; City; State; ZiprCode | | .] ; | у (п аррисарів |
| 902-A West 18th St | | 50 | |
| Austin TX 78701 | | | |
| Contributor's principal occupation | | 1 : | |
| n/a | Contributor's jo | ob title | |
| Contributor's emptoyer/law firm | | <u></u> | |
| If contributor is a shull in | Law firm of con | tributor's spouse (If an | /) |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date Full name of contributor | | | |
| David Must | out-of-state PAC | Amount of | In-kind contribution |
| 5 m David Hartman | | contribution (\$) | description(if applicable) |
| 1.5.00 Contributor address; Gity, State, Zip Code AUCH AUC | • • • • • • • • • • • • • • • • • • • • | i i | |
| And During Rd. Ste | 330 | 100-i | |
| | ٦ . | | |
| | / 1 | , | |
| Contributor's principal occupation | | | |
| Contributor's principal occupation | Contributor's job | title | |
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| - onplants | how to complete this form. | | 1 Total pages Sc | hadulo A/ I). |
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| 2 FILER NAME | | ··· | 2 | of O |
| N. En | nd Goodwin | | 3 ACCOUNT # (E | Ethics Commission filers) |
| 4 Date 5 Full name of | contributor | | | |
| 10.5.00 6 Contributor | TOULOV ddress; City; State; Zip C | Out-of-state PAC | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| P.O. Bo | 902/2 | Code | 100 | 1 |
| Contributor's principal occupation | X 101 | | | |
| AH | ty | 10 Contributor's | job title | |
| 1 Contributor's employer/law firm | 06 | 12 Law firm of co | Pontributor's spouse (if a | |
| 3 If contributor is a child, law firm of | (recent(a) (is a max | | Franctions spouse (if a | ny) |
| | parent(s) (if any) | | | |
| Date Full name of co | Pritributor : | | | |
| 10 - 00 Hounder | rs VISION PAC | | Amount of contribution (\$) | In-kind contribution description(if applicable |
| 16906 | ble of Man R | | 50- | |
| Contributor's principal occupation | VIIIE, IX 78 | 660 | 1 ! | |
| <i>M</i> | a | Contributor's jo | ob title | |
| Contributor's employer/law firm | | 1000 | | |
| If contributor is a child love and | | Law lim of con | tributor's spouse (if any | <i>'</i>) |
| If contributor is a child, law firm of p | earent(s) (if any) | | | |
| Date Full name of con | fributor | | | |
| 1 A / • | Republican W | out-of-state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| Aughn - | attord Dr. | | 1,500 | |
| Contributor's principal occupation | /0 | Contributor's job | Alas | |
| Contributor's employer/law firm | W | - Job | n/a | |
| n | la | Law firm of contri | butor's spouse (if any) | |
| contributor is a child, law firm of par | | <u> </u> | - ' '' | |

| Texas Ethics Co | Austin, Tex | as 78711-2070 | (512 |)463-5800 ₁₋₈₀₀ . | 325-8 |
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| OTHE | TICAL CONTRIBUTIONS ER THAN PLEDGES OR LO | ANS (JUDI | CIAL) | SCHEDULE A | |
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| 2 FILER NA | | | 7-5-0 00,1 | edulo A(J): | |
| 4 Date | N. Grant Goodwin | | 3 ACCOUNT# (E | thics Commission filers) | |
| 10.15.00 | Mac. McGuire | out-of-state PAC | 7 Amount of contribution (\$) | 8 In-kind contribution description(if application) | on able) |
| 10.19.00 | 3 Canaller Cf. State: Zip Co | ode | 140- | phone list | 5 |
| 9 Contributor's | Principal occupation | | | | |
| | <i>ve</i> t. | 10 Contributor's | job title | | <u></u> |
| <u></u> | employer/law firm | 12 Law firm of co | ontributor's spouse (if ar | | |
| 13 If contributor | is a child, law firm of parent(s) (if any) | | | | |
| Date | Full name of contributor | | | | |
| 10.16.00 | Alexander Calhoun | Out-of-state PAC | Amount of contribution (\$) | In-kind contribution description(if applicab | ole) |
| 14 00 | Contributor address; City; State; Zip Cod | e | 200- | | |
| Contributor's p | principal occupation | | | | |
| | mployer/law firm | Contributor's jo | Ath. | | |
| | Selt | Law firm of con | tributor's spouse if any |) | |
| | a child, law firm of parept(s) (if any) | | | | |
| Date | | out-of-state PAC | Amount of contribution (\$) | In-kind contribution | = |
| 0.20.00 | Contributor address; City: State; Zip Code 5912 Cannon Moviday | Du | (\$) | description(if applicable |) |
| | Myshn. 75 20149 | C DV. | 82 | | |
| Contributor's pri | zunavajsev 1 | Contributor's job | title Guadicia | | _ |
| Contributor's em | Ovotit Ovaanitathoo/> 1 | Law firm of contri | butor's spouse (if any) | | - |
| | child, law firm of parent(s) (if any) | | | | _ |
| | | | | | _ |
| | · | | | | |
| if contribu | ATTACH ADDITIONAL COPIES | OF THIS FORM AS | NEEDED | | |
| | tor is out-of-state PAC, please see instruc | tion guide for add | fitional reporting re | equirements. | |
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| The INSTRUCT | юн Guює explains how to complete this form. | | 1 Total pages S | chedute A(I)> |
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| 2 FILER NAM | ME () | | 4 | of 6 |
| | Evant Goodwin | | 3 ACCOUNT # | (Ethics Commission filers) |
| 4 Date | 5 Full name of contributor | Out-of-state PAC | | |
| 10.24.00 | Gene & Phyliss G | ottle | 7 Amount of contribution (\$ | 8 In-kind contribution description(if applicab |
| | 601 E. Paschal | de | 100 | |
| Contributor's | principal occupation, | (80) | | |
| | incral director | 10 Contributor's j | obtitle (110 | aral duration |
| | Cottle Funeral Homes | 12 Law firm of co | ntributor's spouse (if | eral director |
| 3 If contributor i | s a child, law firm of parent(s) (if any) | | | |
| Date | Full | | | —————————————————————————————————————— |
| . 12 50 | Diann T. Smith | Out-of-state PAC | Amount of contribution (\$) | In-kind contribution description(if applicable |
|).23.00 | Contributor address; City; State; Zip Code | • • • • • • • • • • • • • | 50- | |
| | Elgin, TX 78621 | | /0 | f |
| Contributor's pr | incipal occupation | Contributor's joi | b sist o | |
| Contributor's en | nployer/law firm | | unknon. | 'n |
| If contributor is | Vnknown | Law firm of conti | ributor's spouse (if ar | ny) |
| | a child, law firm of parent(s) (if any) | | | |
| Date | Full name of contributor | out-of-state PAC | | |
| 21.00 | Contributor address; City; State; Zip Code | Ont-OI-SISSE PAC | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| | 4005 Guadalupe | | 1240 | Phone Bank |
| Contributor's prin | cipal occupation | | | |
| | _ + www.cato | Contributor's job t | Muchen | |
| Contributor's emp | STIVING & CVAL Child, law firm of parent(s) (if any) | Law firm of contrib | outor's spouse (if any | |
| | aw irrii orqarent(s) (if any) | | | |
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| if contribut | or is out-of-state PAC, please see instruct | - THO LOKAL AS | MEEDED | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

| The Matru | стюм Guide explains how to complete this form. | | 1 Total pages Se | chedule A/I): |
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| 2 FILER NA | 1 | | l and a subject of | 5016 |
| | N. Grunt Goodu | M | 3 ACCOUNT# | (Ethica Commission filers) |
| 4 Date | 5 Full name of contributor | Out-of-state PAC | | |
| 10.27.0 | Wack L. Phillys |) | 7 Amount of contribution (\$) | 8 In-kind contribution description(if applicable) |
| | 6 Contributor reddress; City; State; Zip C | Code | 100 | |
| Contributor | 's principal occupation | 75647. | 1486 | <u> </u> |
| 1 Contributor | s employer/law firm | 10 Contributor's | job title DWN | 2 N |
| | _ 1245 Dullin H | 12 Law firm of co | ontributor's spouse (if | anv) |
| 3 If contributo | r is a child, law firm of parent(s) (if any) | <u> </u> | | |
| Date | | | | - |
| | Full name of contributor | out-of-state PAC | Amount of | In-kind contribution |
| 1677 66 | Me Parrich & RD | . Harnsh | contribution (\$) | description(if applicable |
| 1021.00 | Sontributor address; City; State; Zip Co | de | 100- | |
| Contributorie | principal occupation | 989 75647 | 7 | |
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| If contributors | | Lew firm of con | tributor's spouse (if ar | 1y) |
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| Date | Full name of contributor | Out-of-state PAC | | |
| 2#.00 | Ms. Winne Oder | | Amount of contribution (\$) | In-kind contribution description(if applicable) |
| 271.00 | Contributor address; City, State; Zip Code | d | 50 | |
| Contributor's p | Grane way V | 5647 |] [| |
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

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| 2 FILER N | | | (2) | |
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| 4 Date | 5 Full name of contributor |)[N | |) |
| | | Out-of-state PAC | 7 Amount of | 8 In-kind contribution |
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| 10.28.0 | Contributor address: City: State; Zig | Code | 1 10. | |
| ¥ | | ^ | 1 125 | 1 |
| 9 Contributo | 1 AUSHN TX 1814 | Θ | | † |
| • Contributo | r's principal occupation 's employer/law firm | 10 Contributor's | iobtitle | |
| 11 Contributor | 's employer/law firm | - EXCU | VAYDY | |
| | oms excavation | 12 Law firm of co | ontributor's spouse (if | any) |
| | or is a child, law firm of parent(s) (if any) | | | · |
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| 10 20.00 | 9402 Evanada Zipo | ode Dr | 80 | 1 |
| | Austin Too | -0 | | 1 + DOSTS_ |
| Contributor's | principal occupation (| 78737 | 1 | } |
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| POLITICAL EXPENDITURES | | | | SCHEDULE |
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| The Instruction Guide explains how to comple | ete this form. | | 1 Total page | s Schedule F: |
| 2 FILER NAME | , - | | | 0+4 |
| 1. Grant Good | WIN | | 3 ACCOUNT | # (Ethics Commission filers) |
| Date 5 Payee name RONAL 6 Payee address: Gac | Mass | de 14. | | 7 Amount (\$) |
| 8 Purpose of expenditure (See Instructions regarding Information required.) | 2873 | 9 | | - |
| Information required.) | ng type of | 9 ·· Complete If direct expe Candidate / Officeholder n | nditure to benefi ame | office sought / held |
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| The INSTRUCTION GUIDE explains how to complete this form. | 1 Total pages Schedule F/ |
| 2 FILER NAME Crant Goodwin | 3 ACCOUNT # (Ethics Commission filers) |
| 10.13.00 6 Payee address: City: State: Zip Code 305 S. Congress Ive | 7 Amount (\$) 781.12 |
| Austin, TX 7874 | 101.12 |
| information required.) A dvev151ng | expenditure to benefit C/OH ·· Ider name Office sought / held |
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| POLITICAL EXPENDITURES | | SCHEDULE F |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedile)F |
| 2 FILER NAME N. Grant GOOD | dwin | 3 ACCOUNT # (Ethics Commission filers) |
| Date 5 Payee name OWCL 6 Payee address; City: State: Zh AVSHN TV | | 7 Amount (\$) |
| 8 Purpose of expenditure (See instructions regarding type of information required.) UMAGMUS | 9 ·· Complete if direct ex Candidate / Officeholde | penditure to benefit C/OH •• or name Office sought / held |
| Payee name ONCL Payee address; City; State; Zip Studenty & I H 34 AVSTN TX | Code 5 | 37.67 |
| Purpose of expenditure (See Instructions regarding type of information required.) MMA GAMES | •• Complete if direct exp Candidate / Officeholder | enditure to benefit C/OH •• name Office sought / held |
| Payee name U.S. Postwaytev Payee address: City: State: Zip of Colors (City: State: Zip of Colors) Avon (x 1813) | Code | Amount (\$) 2767.26 |
| Purpose of expenditure (See Instructions regarding type of Information required.) | Complete if direct expe Candidate / Officeholder r | nditure to benefit C/OH Defice sought / held |
| Purpose of expenditure (See instructions regarding type of information provided by the second | DI DI | Amount (\$) 1504.68 |
| information required.) MM | •• Complete if direct expeni Candidate / Officeholder na | diture to benefit C/OH ome Office sought / held |
| ATTACH ADDITIONAL COP | IES OF THIS FORM AS NEE | EDED |

| POLIT | TICAL NDITURES | | | SCHEDULE F |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|---------------------------------|
| The Instruc | TION GUIDE explains how to complete this form. | | 1 Total page | s Schedule f: |
| 2 FILER NA | MEN. Grant Goodwin | | 3 ACCOUNT | # (Ethics Commission filers) |
| Date Date Date Date Date | 5 Payee name AUT PRINTING 6 Payee address: City; State; Zip Cod TSO7 Don Castor AUGHN, Tx 78745 Expenditure (See instructions regarding type of sequired.) | 9 ·· Complete if direct expens | iditure to benefi | 7 Amount (\$) |
| | yard Stakes | Candidate / Officeholder na | ame | Office sought / held |
| Date 0 20 50 | Payee name Classic Designor Payee address; City; State; Zip Code 4702 Convict Hill Ro Au6tin; TX 78749 |) | | Amount (\$) 92.01 |
| | penditure (See instructions regarding type of quired.) | Complete if direct expend Candidate / Officeholder nai | liture to benefit me | C/OH · Office sought / held |
| Date | Payee name Payee address; City; State; Zip Code | | | Amount (\$) |
| Purpose of expe information requ | enditure (See instructions regarding type of uired.) | → Complete if direct expendit Candidate / Officeholder nam | ture to benefit (e | C/OH •• Office sought / held |
| Date | Payee name Payee address; City; State; Zip Code | | | Amount (\$) |
| Purpose of experinformation requi | nditure (See instructions regarding type of red.) | Complete if direct expenditu Candidate / Officeholder name | re to benefit C/ | OH •• Office sought / held |
| Printed on recycled o | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NEED! | ED | |

| | ICAL EXPENDITURES FROM PERSONAL FUNDS | | SCHEDULE G |
|-----------------|------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
| The Instruction | юм Guios explains how to complete this form. | 1 Total pages Sched | |
| 2 FILER NAM | M. Grant Goodwyn | 3 ACCOUNT # (Ethic | |
| 4 Date | 5 Payee name 6 Payee address; City; State; Zip Code | | 8 Amount (\$) |
| | 7 Purpose of expenditure (See instructions regarding type of information rec | quired.) | Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information req | uired.) | Reimbursement from political contributions intended |
| Date | Payee address: City; State; Zlp Code | | Armount (\$) |
| | Purpose of expenditure (See instructions regarding type of information requ | ilred.) | Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | | Amount (\$) |
| | Purpose of expenditure (See Instructions regarding type of information requ | uired.) | Reimbursement from political contributions intended |
| Date | Payee name Payee address; City; State; Zip Code | | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information requi | red.) | Reimbursement from political contributions intended |
| | ATTACH ADDITIONAL COPIES OF THIS FORM AS | NEEDED | |

| The Inc | вткистюм Guide explains how to complete this form. | | | |
|--------------------------------|------------------------------------------------------------------|------------------------------------------------|---------------------------------------|-----------------------------------------|
| 2 FILER | NAME I A | | 1 Total pages So | chedule H: |
| | N. Grant Goodw | IN | 3 ACCOUNT# | Ethics Commission filers) |
| 4 Date | 6 Business address; City; State; Zip | | | 7 Amount (\$) |
| 8 Purpose Informati | of expenditure (See instructions regarding type of on required.) | 9 Complet Candidate / Officer | e if direct expenditure older name | to benefit C/OH •• Office sought / held |
| Date | Business name | | | |
| | Business address; City; State; Zip C | | • • • • • • • • • • | Amount (\$) |
| Purpose o | f expenditure (See instructions regarding type of | | _ | |
| mormation | required.) | •• Complete if Candidate / Officehol | direct expenditure to der name | benefit C/OH ** Office sought / held |
| Date | Business name | | | |
| | Business address; City; State; Zip Co | | | Amount (\$) |
| Purpose of e | expenditure (See Instructions regarding type of equired.) | | | |
| | | •• Complete if d Candidate / Officeholds | irect expenditure to b | enefit C/OH · · Office sought / held |
| Date | Business name | | | |
| | Business address; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | | Amount (\$) |
| urpose of exp formation rec | penditure (See Instructions regarding type of pulsed.) | • | | |
| -∞iriai0Ω∏ ř @(| quired.) | ↔ Complete if dire Candidate / Officeholder | ect expenditure to be name | nefit C/OH •• Office sought / held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

| I JOE INSTRUC | CTION GUIDE explains how to complete this form. | 1 Total pages Schedule |
|------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------|
| FILER NAME N. Grant GOODWIN 3 ACCOUNT # (EITH) | | 3 ACCOUNT # (Ethics Commission filers) |
| Date | 5 Payee name 6 Payee address; City; State; Zip Code | 8 Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information requ | ired.) |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information requir | red.) |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information require | ed.) |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information require | d.) |
| Date | Payee name Payee address; City; State; Zip Code | Amount (\$) |
| | Purpose of expenditure (See instructions regarding type of information required | .) |
| | | |

| The Instruct | ION GUIDE explains how to complete this form. | Total pages Schedule/R: |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| FILER NAM | AF 1 a | ACCOUNT # (Ethics Commission filers) |
| Date 0 28 00 | 5 Payor name AUSTIN AMENICAN STATES MA 6 Payor address; City; State; Zip Code 305 AUSTIN, X 1804 7 Reason for credit MISTAKE IN Advertising | 18 Amount (\$) |
| Date | Payor name Payor address; City; State; Zip Code Reason for credit | Amount (\$) |
| Date | Payor name Payor address; City; State; Zip Code Reason for credit | Amount (\$) |
| Date . | Payor name Payor address; City; State; Zip Code | Amount (\$) |
| | Reason for credit | |
| Date | Payor address; City; State; Zlp Code | |
| | Reason for credit | |

not applicable

Guarantor address;

City;

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

State:

Zip Code

| ASSETS VALUED AT \$500 OR MORE | SCHEDULE M | |
|-----------------------------------------------------------|----------------------------------------|--|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedille M: | |
| 2 FILER NAMEN. Crant Goodwin | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Description of Asset | L | |
| Description of Asset | | |
| Description of Asset | X | |
| Description of Asset | | |
| Description of Asset . | | |
| Description of Asset | | |
| ATTACH ADDITIONAL COPIES OF THIS FOR | M AS NEEDED | |